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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

**CONFIRMATION NO. 2089**

<b>SERIAL NUMBER</b> 09/726,637	<b>FILING DATE</b> 11/30/2000	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2643	<b>ATTORNEY DOCKET NO.</b> 36968/206897
<b>APPLICANTS</b> Elizabeth Ann Beamon, Kannapolis, NC; Kenneth F. Hunnicutt, Cumming, GA;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/212,207 06/16/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/23/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 23370				
<b>TITLE</b> Digital loop carrier module for proactive maintenance application				
<b>FILING FEE RECEIVED</b> 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



Complete

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UNITED STATES PAT.

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Bib Data Sheet

CONFIRMATION I

<b>SERIAL NUMBER</b> 09/726,637	<b>FILING DATE</b> 11/30/2000 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2643	<b>ATTORNEY DOCKET N.</b> 36968/20689		
<b>APPLICANTS</b> Elizabeth Ann Beamon, Kannapolis, NC; Kenneth F. Hunnicutt, Cumming, GA;						
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/212,207 06/16/2000						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 01/23/2001						
Foreign Priority claimed 35 USC 1.19(d) conditions met Verified and Acknowledged		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>R.B. Anne</i> Initials <i>R.B.</i>	<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 30314						
<b>TITLE</b> Digital loop carrier module for proactive maintenance application						
<b>FILING FEE RECEIVED</b> 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
				<input type="checkbox"/> 1.16 Fees ( Filing )		
				<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )		
				<input type="checkbox"/> 1.18 Fees ( Issue )		
				<input type="checkbox"/> Other _____		
				<input type="checkbox"/> Credit		